

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-021091

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 291 Primary Registration District No. _____ Registrar's No. 40 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 291 Primary Registration District No. _____ Registrar's No. 40 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>PUTNAM</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>PUTNAM</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>UNIONVILLE</u>		c. CITY OR TOWN <u>UNIONVILLE</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>MONROE HOSPITAL</u>		d. STREET ADDRESS (If outside, give location) <u>805 S 22nd</u>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>EDGAR WARREN CHIDERS</u>			4. DATE OF DEATH Month Day Year <u>MAY 27 1963</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4-20-10</u>	9. AGE (last birthday) <u>53</u>	IF UNDER 1 YEAR Months Days <u>1 7</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED C.T. EMPLOYEE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SULLIVAN CO MO</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>JOSEPH W. CHIDERS</u>		13b. MOTHER'S MAIDEN NAME <u>REBECCA H. POWELL</u>		14. NAME OF HUSBAND OR WIFE <u>GEORGIA CHIDERS</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) <u>NO</u>			17. INFORMANT <u>GEORGIA CHIDERS - UNIONVILLE MO</u>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u> DUE TO (b) <u>Arteriosclerosis & hypertension</u> DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I <u>Had coronary thrombosis in 1954</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from <u>May 21-63</u> to <u>May 27-63</u> and last saw him alive on <u>May 27-63</u> Death occurred at <u>19 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE (Degree or title) <u>Dr. L. G. Gidd</u>	22b. ADDRESS <u>Unionville MO</u>	22c. DATE SIGNED <u>5/28/63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>B</u>	23b. DATE <u>5-29-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>UNIONVILLE MO</u>
24. FUNERAL DIRECTOR <u>FO. HUSTED</u>	25. DATE RECD. BY LOCAL REG. <u>5-29-63</u>	26. REGISTRAR'S SIGNATURE <u>Marvill Durbin</u>

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Muel E. Husted

Licensed Embalmer No.

3208

P. O. Address

Lemmonville Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.